

**PROVIDER UPDATE
IMPLEMENTATION UPDATES****PROVIDER NOTICE 12.07.04 – 003**

Following is information regarding some of the denials we continue to see; please communicate the following to your stores as appropriate:

- **GROUP/ID:** The GROUP ID (NCPDP field #301-C1) is always KYMEDICAID. This value must be present for all KY MEDICAID claims.
- **PRESCRIBER ID:** Use only the appropriate STATE LICENSE number for the prescriber; do not use DEA number, do not use any other value. Please also ensure that the appropriate PRESCRIBER ID QUALIFIER (NCPDP field # 466EZ) “08” (State License) is submitted.
- **COORDINATION OF BENEFITS:** Providers do NOT need to enter the OTHER PAYER details in order to override coordination of benefits; however, if OTHER PAYER ID information is sent, it must be a valid OTHER PAYER ID number (as assigned by KY MEDICAID) or the default value = “777777”. Any OTHER PAYER ID QUALIFIER (NCPDP field #3396C) except “09” = Coupon” will work with the 777777 value.

NOTE 1: The one condition where a provider absolutely must send the COB SEGMENT is when money has been collected from the primary. Whenever the COB SEGMENT is sent, all mandatory NCPDP fields must be sent. Additionally, in the case described, it is acceptable to send only the following fields:

- ❖ **OTHER PAYER DATE** (NCPDP field # 443-E8)
- ❖ **OTHER PYER AMT PAID COUNT** (NCPDP field # 341-HB)
- ❖ **OTHER PAYER AMT PAID QUALIFIER** (NCPDP field # 342-HC)
- ❖ **OTHER PAYER AMT PAID** (NCPDP field #431-DV)

NOTE 2: If a provider sends the COB SEGMENT when the primary insurer has denied the claim, he may send only the following fields:

- ❖ **OTHER PAYER DATE** (NCPDP field # 443-E8)
- ❖ **OTHER PAYER REJECT COUNT** (NCPDP field # 471-5E)
- ❖ **OTHER PAYER REJECT CODE** (NCPDP field # 472-6E)

NOTE 3: If a provider sends information in the OTHER PAYER ID (NCPDP field #340-7C) it must be either the valid value assigned by the state or the default value “777777”.

NOTE 4: There are some situations where KY MEDICAID has identified that the COB situation is “PAY AND CHASE”, e.g., the patient is under age 21. In that case, the FHS will not deny the claim for COB (NCPDP error code 41/ Bill Primary). Therefore it is not necessary to submit any COB details in the claim; however in all situations where the provider sends the OTHER PAYER ID it must be the valid number or the default value “777777”.

NOTE 5: Please see attached Payer Specification revisions to COB SEGMENT; a complete Payer Specification Sheet with these revisions will be sent.

COB SEGMENT		Segment <i>REQUIRED</i> for these transactions: B1 and B3 if there is <i>OTHER PAYER</i> information.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø5 = Coordination of Benefits/ Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max = 3	
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max = 3	
339-6C	OTHER PAYER ID QUALIFIER	RW***R*** Max = 3	Required when submitting Other Payer ID. All NCPDP values except “coupon” will be accepted.
340-7C	OTHER PAYER ID	O***R*** Max = 3	Optional, not required at this time; however if sent must be appropriate state-assigned value or default value “777777”.
443-E8	OTHER PAYER DATE	R***R*** Max = 3	Required for this program.
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	Required when submitting Other Payer Amount Paid.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW***R*** Max = 3	Required when submitting for this program.
431-DV	OTHER PAYER AMOUNT PAID	RW***R*** Max = 3	Required for this program.
471-5E	OTHER PAYER REJECT COUNT	RW	Required when the primary has rejected the claim.
472-6E	OTHER PAYER REJECT CODE	RW	Required when the primary has rejected the claim.